



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GOSHEN HOSPITAL (IU)

City of Hospital: GOSHEN

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Jeffrey Miller

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Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$222539495
Outpatient Patient Service Revenue	\$472664334
Total Gross Patient Service Revenue	\$695203829

2. Deductions From Revenue

Contractual Allowance	\$399317031
Other Deductions	\$11606529
Total Deductions	\$410923560

3. Total Operating Revenue

Net Patient Service Revenue	\$284280269
Other Operating Revenue	\$6366502
Total Operating Revenue	\$290646771

4. Operating Expenses

Salaries and Wages	\$74459130	Employee Benefits	\$28758365
Depreciation and Amortization	\$11787035	Interest Expense	\$968455
Bad Debt	\$28246675	Other Expenses	\$135244770
Total Operating Expenses	\$279464430		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11182341	Total Assets	\$394956888
Net Non-operating Gains over Loss	\$-12278666	Total Liabilities	\$61551861

Total Net Gains	\$-1096325
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$327026907	\$260240119	\$66786788
Medicaid	\$76620183	\$60263006	\$16357177
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$291556739	\$78813906	\$212742833
Total	\$695203829	\$399317031	\$295886798

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$74428	\$0	\$74428

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	222836

Statement Six: Charity Statement

Hospital Charity Charges	\$9288816
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3356592	
HCI Payments	\$0		
Subtotal	\$0	\$3356592	\$-3356592
Medicaid Shortfalls	\$3006420	\$27687348	
Subtotal	\$3006420	\$31043940	\$-28037520
DSH Payments	\$2,229,390		
Subtotal	\$5235810	\$31043940	\$-25808130
Medicare Shortfalls	\$45708490	\$70168345	
Other Government Programs	\$0	\$0	
Total	\$50944300	\$101212285	\$-50267985

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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